

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046538

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SPRINGFIELD

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Burge Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

GREENE

c. CITY
OR TOWN

SPRINGFIELD

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

RFD#11 Box 410

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MATTHEW

Middle

M.

Last

FREUND

4. DATE
OF DEATH

Month

December

Day

20,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

17/22/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Metal Mfg. Co., Employee

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

J.P. Freund

13b. MOTHER'S MAIDEN NAME

Dora Moore

14. NAME OF HUSBAND OR WIFE

Della L. Freund

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Della M. Freund (Wife) Rt. 11 Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
5:35

1957

to 12/20/62

and last saw him

live on

12/19/62

Death occurred at

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dean Cunningham M.D.

22b. ADDRESS

1715 Boonville

SPRINGFIELD

Missouri

22c. DATE SIGNED

12-21-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/22/62

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cemetery

23d. LOCATION (City, town, or county)

Springfield,

Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. SPRINGFIELD Mo.

25. DATE RECD. BY LOCAL REG.

12-21-62

26. REGISTRAR'S SIGNATURE

Effie E. Melem

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

6397

20397

3

4 0

5 1

6

7 1

8 0

94201

10

11

12 1-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Klingner Jr. x

Licensed Embalmer No. 5702

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 13-20-62